

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	2					
6	2					
7	0					
8	0					
9	0					
10	1					
11	0					
12	0					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	0					
23	1					
24	0					
25	1					
26	1					
27	1					
28	1					
29	16					
30	16					
31	16					
32	16					
33	0					
34	0					
35	0					
36	0					
37	0					
38	0					
39	0					
40	0					
41	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	16					
TOTAL CLAIMS	105					

51	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
52									
53									
54									
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99									
100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									